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COMMUNITY PROJECTS CAN IMPROVE EMERGENCY MEDICAL SERVICES

JAN 7 1975

Senator Charles H. Percy, Illinois, presents his statement while FAA Project Officer Peter Chesney takes notes at the October 18, 1973, Washington, D.C. hearing on air transportation of the physically handicapped. It was one of six hearings held throughout the United States.

FAA STUDIES PROVISIONS FOR THE PHYSICALLY HANDICAPPED AIR TRAVELLER

by Fred Pelzman*

Prompted by numerous consumer complaints that several airlines were arbitrarily preventing handicapped persons from boarding their flights, the Federal Aviation Administration (FAA) has been involved in a painstaking rulemaking process for more than a year to establish safety standards for air transportation of the handicapped.

Since June 1973, the FAA has solicited comments, conducted research studies, held hearings, and analyzed literally thousands of letters submitted by the public — generally the handicapped themselves. Utilizing television interview programs, printed news releases sent to the Nation's news media, announcements in the Federal Register, and mailings to hundreds of organizations representing the handicapped, the FAA has involved a wide spectrum of consumers in its rulemaking effort.

The process began June 5, 1973, when the FAA published an Advance Notice of Proposed Rulemaking (ANPRM) in

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by Robert Motley*

Communities all over the country are rapidly establishing comprehensive emergency medical care systems that provide fast identification and response to medical emergencies. A great deal can be done by organized community groups and individuals to assist in carrying out state plans.

Many cities and counties now have advanced systems of caring for the acutely ill and injured as a direct result of the Emergency Medical Services (EMS) funding assistance program established by the Highway Safety Act of 1966. This assistance program is administered by the National Highway Traffic Safety Administration (NHTSA). In Illinois, as an example, 43 trauma hospital centers are linked to ambulances by a two-way radio network that enables physicians to give vital medical advice to ambulance personnel at the scene and in transit to the hospital. By improving services that are not up to national standards, it is estimated that deaths and permanent disabilities could be reduced by up to 20 percent.

The following should be evaluated to determine needs when developing an efficient community EMS system:

- Detecting accidents and sudden illness.
- Reporting incidents to the proper authority.

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CONSUMERS WILL BENEFIT FROM NEW LAW

A new law requires motor vehicle manufacturers to notify all owners of vehicles with safety defects and to repair them free of charge. Presently, manufacturers are only required to notify owners of record (usually warranty holders or extended-warranty holders) and also they are not presently required to repair vehicles free of charge.

National Highway Traffic Safety Administrator James Gregory, in a recent speech, observed:

"This single change thrusts upon each state's record-keeping facility a new role. Each state will be called upon to furnish a matched list of drivers who own those vehicles which have the defects and the accompanying vehicle identification number listings. No other up-to-date source of such information exists. This expanded, recall-and-remedy provision is significant, and its success will hinge upon the accuracy, adequacy, and efficiency of the record-keeping program in each of our states."

COMMUNITY PROJECTS CAN IMPROVE EMERGENCY MEDICAL SERVICES (continued)

- Dispatching ambulance and other emergency services.
- Driving emergency vehicles to the scene.
- Rendering emergency care at the scene.
- Removing entrapped accident victims.
- Transferring victims to a hospital and rendering proper emergency care enroute to the hospital.
- Admitting victims to the emergency room or department.

In most States, the Governor has designated the State Health Department as the agency responsible for developing and administering these programs. Civic groups interested in EMS community action projects should become acquainted with the local coordinating officials and the State program plans that have been developed. State EMS programs are not always adequately staffed. They need the support and help of organized community groups, especially in local areas that do not have programs meeting minimum Federal standards.

Failure to detect an accident or illness can be a problem, particulary in remote areas. Examples of the types of tell-tale signs and changes in normal events that should be investigated include:

- Skid marks on the road, broken shrubs, destroyed guard rails or glass on the roadside.
- The elderly lady who lives alone and wasn't sitting on her porch this afternoon as is her custom.
- The neighbor boy who waves from his tractor as he goes to and from the fields is two hours late.

Some communities work out "buddy systems" for contacting senior citizens who live alone.

In most areas of the country, many vehicles are equipped with citizen band radio equipment. These include taxi cabs, television and radio repair service trucks and some delivery services. Arrangements could be made with owners to have their drivers report emergency situations observed while out on calls or routes.

Community groups might find there is a need to improve the provisions for contacting an ambulance service.

One method useful to those seeking help is to have one emergency service telephone number to call that is listed along with the police and fire numbers in the front of the telephone book.

It also is helpful to have telephones along roads in remote areas with luminous decals displaying appropriate emergency numbers and a small map of the area with an "X" indicating the location of the telephone booth.

Each citizen should know at least the basics of first aid. It is especially important to know how to help keep an ill or injured person alive until help can arrive, i.e., how to clear and maintain an airway, how to control excessive bleeding and how to give mouth-to-mouth and chest compression resusitation.

A short emergency care training course might be conducted for a group of interested individuals by the local hospital emergency staff or by a Health Department doctor or nurse. There is usually a Red Cross instructor in most active ambulance services who will be willing to cooperate in teaching courses. The Red Cross Advanced First Aid & Emergency Care Course is the most desirable, but the Red Cross short course of instruction is also beneficial. Training aids, films, etc., can usually be obtained through the State or local Department of Health, the Red Cross, the Heart Association or the Cancer Society.

More formalized and advanced training should be made available to community ambulance service personnel on a regular basis. If the State Health Department has an approved training program, staff will no doubt appreciate assistance at the local level in establishing ongoing training courses. If there is no approved training course, the local hospital emergency staff may be willing to conduct the course developed under contract by the U.S. Department of Transportation. The course title is "Basic Training Program for Emergency Medical Technicians — Instructor's Lesson Plans," and is available for purchase through the U.S. Government Printing Office in Washington, D.C., at a cost of $3.35. A free copy along with related materials will be sent to a community organization planning to conduct a training program for ambulance personnel if requested from the Emergency Medical Services Branch, National Highway Traffic Safety Administration Washington, D.C. 20590. A list of available materials will be sent to any interested individual requesting it. The State Emergency Medical Service Coordinator can be a great help with the details of arranging for training of ambulance personnel.

A serious problem many communities now face is establishing an ambulance service when the funeral director has discontinued or is about to discontinue this service. Such situations call for immediate action. The first step is an assessment of community needs and then a determination of who in the community is capable of providing needed services. Can existing services be expanded to meet community needs? Should the service be volunteer, commercial or governmental? The State Emergency Medical Service Coordinator is in the best position to provide assistance in making this difficult transition. Concerned individuals in a community should express their views and perhaps help plan for an emergency medical service that meets community needs.

The above are only a few suggestions. Your State EMS Coordinators may furnish you with more specific projects and activities. Many States have conducted city and community ambulance service and hospital emergency room surveys. Reports on surveys that have been made in your community may be requested through your State Health Department.

The table on page 4 indicates the number of ambulance services in each State, the percentage of vehicles meeting the American College of Surgeons Essential Equipment List and the percentage of ambulance personnel that have completed advanced courses in emergency care according to information obtained by the NHTSA. Even if your State is 100 percent, in all probability there is much that still needs to be done in your community to help ensure that no one dies or has disabling injuries that could have been prevented by prompt emergency medical care. If the EMS program does not meet the minimum standards established by the Department of Transportation, the National Academy of Sciences and the National College of Surgeons, citizens hopefully will be challenged to work with local authorities to correct the deficiencies and to help build a program that truly meets community needs.

Ambulances should be equipped with emergency medical equipment

and equipment for extricating entrapped crash victims.

In addition ambulance personnel should be properly trained to care for the ill and injured to help prevent death and disability.

NATIONAL ESTIMATES OF AMBULANCE SERVICES

U.S. DEPARTMENT OF TRANSPORTATION
SEPTEMBER 1974

	Number of Ambulance Services	Number of Vehicles	% Meeting A.C.S. Rec.[1]	% Vehicles with Two-Way Radios	Number of Personnel	% Personnel Completed Advanced Red Cross or More	No. Completed DOT 81-hour Basic Course or Equivalent
Alabama	211	361	70	76	1,875	98	2,300
Alaska	32	57	75	70	432	70	468
Arizona	55	128	51	75	450	80	
Arkansas	121	250	25	33	1,133	75	865
California	500	1,900	60	72	6,000	95	1,000
Colorado	137	230	63	85	1,357	70	903
Connecticut	179	250	90	52	3,856	65	2,100
Delaware	49	82	100	100	1,840	98[3]	61[2]
D. C.	5	32	72	75	121	100	, 85
Florida	205	546	45	92	2,913	90	1,637
Georgia	227	426	41	64	1,350	84	2,540[2]
Hawaii	3	43	100	67	187	98	128
Idaho	83	113	56	87	1,340	78	1,051
Illinois	700	1,166	40	85	17,000	88	6,500
Indiana	695	905	35	55	2,367	55	1,548
Iowa	308	461	49	85	4,500	80	2,547
Kansas	221	400	41	65	1,469	50	372
Kentucky	343	955	30	40	2,100	70	1,238
Louisiana	118	239	35	29	1,085	49	80
Maine	153	258	95	88	2,650	62	139
Maryland	221	365	88	99	8,049	95	3,255
Massachusetts	212	350	50	80	1,650	75	1,157
Michian	400	755	100	70	4,300	90	2,600
Minnesota	281	495	100	100	4,800	98	650
Mississippi	154	260	47	62	610	48	410
Missouri	355	585	25	58	5,045	60	1,200
Montana	102	132	45	90	1,090	50	350
Nebraska	320	425	28	90	3,500	85	1,500
Nevada	56	109	50	85	758	80	450
New Hampshire	88	189	35	90	2,171	52	1,050
New Jersey	600	850	72	98	30,000	65	7,021
New Mexico	102	148	52	35	729	66	143
New York	1,255	2,280	87	85	34,000	80	14,550[4]
North Carolina	402	927	34	75	6,293	88	1,448
North Dakota	106	153	45	65	1,378	75	. 148
Ohio	700	1,800	90	58	17,800	50	10,689[4]
Oklahoma	209	520	45	72	1,900	60	980
Oregon	176	315	95	70	2,400	99	3,200
Pennsylvania	1,039	1,905	75	80	21,811	87	3,203
Rhode Island	61	140	75	98	1,961	40	0
South Carolina	159	405	50	35	2,556	70	1,823
South Dakota	120	185	35	70	1,301	60	137
Tennessee	117	272	100	95	1,720	90	2,410[2]
Texas	824	1,489	56	61	5,704	91	1,715
Utah	62	97	46	75	1,062	70	316
Vermont	91	189	50	90	2,171	51	1,050
Virginia	403	944	94	83	11,730	98	4,058[2]
Virgin Islands	3	4	90	62	28	50	0
Washington	357	475	60	90	5,000	95	4,500
West Virginia	110	319	35	26	950	95	2,580
Wisconsin	531	779	45	72	7,075	54	1,341
Wyoming	68	96	50	80	638	90	660
Puerto Rico	100	258		62	597	10	229[2]
TOTAL	14,129	27,017	60	72	244,802	75	100,385[2]

[1]American College of Surgeons Essential Equipment List

[2]Includes professionals other than ambulance personnel

[3]Delaware — 1,745 trained at State level

[4]New York State and Ohio upgraded training requirements totals represent State certification but not all have met DOT equivalency requirements.

47 States including D.C. are offering the NHTSA Basic EMT Training Course.

2 States are offering an equivalent course.

3 States are considered below acceptable level of training, or have not reported.

*Mr. Motley is on the staff of the Emergency Medical Services Branch of the National Highway Traffic Safety Administration, U.S. Department of Transportation.

FAA STUDIES PROVISIONS FOR THE PHYSICALLY HANDICAPPED AIR TRAVELLER (continued)

the Federal Register and solicited public participation in developing an operational standard "to permit, to the maximum entent possible, air transportation of physically handicapped persons while maintaining an acceptable level of safety in air carrier and air taxi operations." In publishing the ANPRM, the FAA pointed out that the most significant safety considerations associated with transporting the physically handicapped by air are those relating to evacuation of an aircraft in an emergency. This becomes especially critical in accidents involving fire after impact or ditching at sea.

Commenting at that time on the agency's action, FAA Administrator Butterfield said "The physically handicapped are one of our most neglected minorities. As the victims of a great deal of indifference, as well as a certain amount of prejudice, their special needs have been ignored far too long by society as a whole. I think all of us have a responsibility to do everything in our power to correct this situation."

To fulfill this responsibility, and prompted by a flood of 500 comments, the FAA decided — three months later — to conduct six public hearings throughout the country during the fall of 1973. The informal one-day hearings, presided over by FAA representatives, were held in Florida, Minnesota, Massachusetts, Illinois, California, and Washington, D.C. The hearings solicited information on the safety implications of transporting physically handicapped persons by air with specific emphasis in four areas:

1. The number of handicapped persons who may be carried safely on any one flight and the special problems associated with transporting persons who are immobile.
2. The favorable seating arrangements for handicapped persons in relation to exit locations.
3. The availability of special emergency evacuation aids for handicapped persons and the potential hazards to inflatable evacuation chutes posed by leg braces and similar metal devices.
4. The possible need to change emergency evacuation demonstration criteria to reflect the carriage of handicapped persons.

More than 1,000 individuals — mostly handicapped — attended these hearings, and the FAA heard more than 167 statements.

For several months, agency officials studied facts, weighed opinions, and analyzed the possible consequences of the testimony and comments received.

Then, on July 2, 1974 — a year after the Advance Notice — a Notice of Proposed Rule Making (NPRM) was issued in which the FAA stated its belief that the rules and regulations herein proposed would provide reasonable safety standards for the carriage of handicapped persons by air, and that, accordingly, handicapped persons should not be denied that transportation when they can be carried in compliance with those regulations.

Noting that there are more than 13 million handicapped persons in the United States, Mr. Butterfield said the Federal Government has an obligation to assure that their freedom to travel is not restricted for any reason except in the interest of public safety. "I believe this proposal would accomplish this objective," Mr. Butterfield said.

For those requiring assistance in an emergency evacuation, the FAA proposal would key the number of handicapped persons that might be carried on any one flight to the number of available exits. The total number could not exceed the number of exits.

Robert Urie testifies on behalf of the North Carolina Rehabilitation Counseling Association, the North Carolina Governor's Council on Employment of the Handicapped, and the St. Andrews Chapter of the National Paraplegia Foundation at hearing on air transportation of the handicapped. Listening at left are FAA Attorney Robert G. Leary, Chief, Air Carrier and General Operating Branch, Office of the Chief Counsel; William Dale Crawford, FAA Hearing Officer; and Dr. Robert E. Yanowitch, Chief, Accident Investigation Branch, Office of Aviation Medicine, FAA. The hearing took place in Washington, D.C., on October 18, 1973.

An additional restriction would be placed on the carriage of persons needing evacuation assistance who are not accompanied by a personal attendant capable of assisting them to an emergency exit. They would be limited to the number of floor level exits. In the case of litter patients, only one would be permitted per flight and he would have to be accompanied by a personal attendant.

Persons needing assistance would be assigned seats that would facilitate their own evacuation without blocking others. In addition, they would be spaced in the aircraft in such a manner that not more than one would be expected to use any single exit in an emergency.

Changes also would be made in existing regulations which require seat backs to be in an upright position on takeoff and landing to accommodate persons whose condition prohibits them from sitting erect. Other proposed amendments cover the safe stowage of crutches and canes needed by handicapped persons in an emergency evacuation to assure ready availability.

To facilitate the carriage of large numbers of handicapped persons, such as on charter flights, the proposal would waive these limitations if the carrier obtained FAA approval of an evacuation procedure for the number of handicapped persons to be carried.

On October 7, 1974, the NPRM comment period ended. The FAA now has begun the arduous task of analyzing the more than 1,500 comments received concerning its proposed rule. One of four actions will be taken by the FAA: (1) the rule will be issued as proposed, (2) the rule will be issued in modified form, (3) another Notice of Proposed Rule Making will be published, seeking additional public comment, or (4) the proposed action will be cancelled.

Regardless of the outcome of this rulemaking effort, there is little doubt that the FAA has conscientiously sought consumer input.

continued on next page

FAA STUDIES PROVISIONS FOR THE PHYSICALLY HANDICAPPED AIR TRAVELLER (continued)

Readers interested in obtaining a complete copy of the NPRM and additional information on this project should contact: Community and Consumer Liaison Division, AIS-400, Federal Aviation Administration, 800 Independence Avenue, S.W., Washington, D.C. 20591.

*Mr. Pelzman is Chief of the Community and Consumer Liaison Division for the Federal Aviation Administration's Office of Information Services.

CROSSTIES AND RAILS

Railroading is one of the oldest modes of mechanized land transportation, and in many parts of the U.S., this mature technology is showing its age.

Railroad crossties have an average life span of about 35 years and steel rails have a life of about 60 years. Federal Railroad Administration (FRA) track inspectors have found many ties and rails that need replacing. In fact, it is estimated that the railroad industry has roughly $5 billion worth of deferred maintenance which includes replacement of about 150 million crossties and 10 percent of all the rails in service. Trains are required to keep speeds at 10 mph over stretches of track that meet only minimal Federal standards. Track found to be below minimum standards and thus unsafe, as occurred recently on a stretch of mainline track between Chicago and Louisville, is ordered shutdown until repaired. In several instances, railroads have voluntarily imposed shutdown orders while making repairs to comply with FRA standards. In many instances, "slow orders" are in effect.

Federal standards for track and right-of-way went into full effect in October 1973. Acting FRA Administrator Asaph H. Hall noted that track failure has been blamed for 38 percent of the railroad accidents that occurred in 1973. Human factors were listed as the cause of 25 percent, equipment failure for 21 percent, with 16 percent listed as "miscellaneous."

The National Highway Traffic Safety Administration recently began a process which may lead to a new highway safety program standard on bicyclist safety. The standard would apply only to bicycle riders. Comments were being sought through December 15 especially in the areas of legislation, law enforcement, education, traffic records and national, state and local requirements.

URBAN BIKEWAY DESIGN COMPETITION

Students interested in entering the urban bikeway design competition ending July 1, 1975, should contact the Urban Bikeway Design Competition National Headquarters, Building E-40, Room 250, Massachusetts Institute of Technology, Cambridge, Mass., 02139.

Organizers report they received 20 entries to the first urban bikeway design competition that closed July 1, 1974, from student teams and others nationwide. In the 1974 competition, multi-disciplinary teams submitted bikeway demand studies and bikeway plans for sites, mainly in campus communities.

The competition is supported by a grant from the U.S. Department of Transportation.

FLIGHT RULES FOR ANIMALS ADOPTED BY FAA

New rules which apply to the shipment of pets and other animals in an aircraft's cargo compartment have been adopted by the Federal Aviation Administration of the U.S. Department of Transportation.

The rules require the carrier to assure that the container is: (1) securely attached to the cargo compartment to prevent shifting; (2) protected by webbing, partition, or other means to prevent crushing or damage by other cargo under normally anticipated flight and ground conditions; and (3) located in a manner that assures the animal container's ventilation areas are not obstructed.

Interlocks and Continuous Buzzers No Longer Required on Autos

Congress passed auto safety legislation in October 1974 which includes several measures of interest to consumers. First, the requirements for a belt-ignition interlock system and a continous buzzer warning system have been revoked. The National Highway Traffic Safety Administration (NHTSA) now seeks to establish a new safety belt reminder system for the driver's position only. Several approaches are being studied.

Second, Congress has made it a federal offense to knowingly render inoperative any safety features required by Federal Standards, other than interlocks and continuous buzzers, on both new and used cars. This applies to manufacturers, distributors, dealers, and motor vehicle repair businesses. The penalty can be as high as $800,000.

Third, the legislation specifies that all interested parties must be given a chance to comment and that Congress must have an opportunity to vote after a 60-day review of all data and comments, before any passive occupant restraint system can be required on cars. This means the air cushion or "air bag" or a comparable passive restraint system will not become mandatory until everyone has had his say, including Congress.

Consumers and consumer organizations might begin to study the pros and cons of air bags and other passive restraint systems to be ready when the NHTSA asks for comments prior to preparing a report for Congress.

Though the life saving attributes of air bags are hard to refute, it is also true that they push up the price of automobiles. Ultimately, Congress must weigh all comments and data and decide whether passive restraints will save enough lives to make them mandatory in spite of the added cost.

TO REDUCE CLOGGED COURTS

Rhode Island has been selected by the National Highway Traffic Safety Administration for the first federally funded, statewide test of utilizing special administrative offices, rather than courts, to handle the bulk of minor traffic cases that now clog court calendars. Preparations are being made for the project to go fully operational in March 1975. Para-judicials decide the cases instead of judges. The para-judicials are lawyers who function within the judicial structure.

Seattle, Washington has been operating a successful federally-funded demonstration project since July 1974. These projects are designed to demonstrate a variety of non-criminal traffic offense adjudication and driver improvement programs, that might lead to a deterence of traffic infractions, and reduce both repeat violations and accidents.

The National Highway Safety Advisory Committee recently recommended that all states adopt such simplified systems.

Consumer Info on Collision and Medical Insurance Costs to be Made Available to Car Buyers

The Information and Cost Savings Act of 1972 specified that comparative cost information on collision and medical insurance based on the differences in auto crashworthiness should be made available to consumers.

The U.S. Department of Transportation recently proposed a regulation which would require automobile dealers to make this information, now being developed by the Federal Government, available to prospective car buyers.

A final rule will be issued by February 1, 1975.

Advice for Purchasers of Used Cars

Check Out the Odometer Info!!

Before buying a used car, have it checked in a reliable diagnostic center if there is one in your area. If not, have it checked by a competent mechanic.

In addition, examine the car yourself for signs of wear, age or accidents. Note such things as tire wear, unusual noises, slow pick up, repainted areas, rust, and doors that do not fit properly. Ask the salesman or private owner to put in writing what he tells you about the condition of the car.

Last, but not least, be sure there is a written disclosure statement from the business or private owner which tells you the following: The vehicle's recorded odometer mileage or, if known to be inaccurate, a written statement that the actual mileage is unknown; the name and address of the seller; the date of transfer of ownership; vehicle identification by make, model, year and body type, along with vehicle identification number and plate number; and a sentence referring to Title IV of the Motor Vehicle Cost Savings and Information Act, which specifies the seller's civil liability under the law if the information is incorrect.

If the odometer law is violated and intent to defraud can be proved, the consumer has the right to file a civil action suit against the seller in Federal District Courts or in State Courts. The law provides a penalty of three times the damages suffered or $1,500, whichever is greater.

Sharp Decline in Traffic Deaths For First Nine Months of 1974

There were 8,140 fewer lives lost due to highway accidents through September 1974 than for the same period in 1973, representing a 19.3 percent decrease for the nine-month period.

According to statistics released by the National Highway Traffic Safety Administration (NHTSA), states reported 33,990 killed in 1974 as compared with 42,170 for the same period in 1973. Near 10,000 lives may be saved by the end of 1974 if the trend continues.

NHTSA Administrator Dr. James B. Gregory expressed his pleasure at the improved traffic fatality record and is hopeful it will continue.

Some 56,210 persons died due to accidents on the Nation's highways in 1973. This was a decline of 700 from the 1972 total of 56,910. The 1973 fatality rate per 100 million vehicle miles was 4.3, by far the lowest in the world.

Lower speed limits and other effects of the energy shortage had a dramatic impact on highway fatality statistics in 1974 according to NHTSA officials. Other efforts also have contributed to a decline in death rates including safer vehicles, better roads and improved state and community traffic safety programs.

TOTAL MOTOR VEHICLE FATALITIES

50 States and D.C. (Rounded)

	1974	1973
JANUARY	3,020	3,880
FEBRUARY	2,720	3,570
MARCH	3,290	4,400
APRIL	3,540	4,570
MAY	3,830	4,960
JUNE	4,250	5,190
JULY	4,410	5,220
AUGUST	4,640	5,350
SEPTEMBER	4,290	5,030
	33,990	42,170
9 months cumulative (includes corrections not reflected in monthly figures)	33,980	42,120
Difference	8,140	
% Decrease	19.3%	

THANKS FOR YOUR COMMENTS On Year-Round Daylight Saving Time

Over 8,000 people responded to the April 1974 invitation by Ann Uccello, Director of the U.S. Department of Transportation's Office of Consumer Affairs, asking for comment on year-round daylight saving time (YRDST).

As the result of a full study of the operations and effects of YRDST conducted by the DOT, Congress voted to return the Nation to standard time for four months from October 27, 1974, to February 25, 1975. Among the areas considered in the study were the effects of YRDST on school children, motor vehicle injuries and deaths, and energy conservation.

Both the for and against comments made by consumers were considered in the recommendations made by the DOT in its June 1974 report to Congress. Though a majority of consumers like daylight saving time much of the year, most of them favored standard time in the late fall and winter months. The tally ran about two-thirds against year-round daylight saving time and one-third for it. Chief reasons given by people for disliking YRDST were:

- Energy saving minimal (none/or use more).
- Children have to go to school in dark.
- Causes hardships/inconvenience for other people.
- Makes travel harder in mornings.

Those who like YRDST indicated:

- Light afternoons advantageous for leisure activities/shopping.
- Saves/may save energy.
- Makes travel safer/easier in the evening.
- School schedules can be adjusted.

The study conducted by the Department found:

- YRDST probably resulted in an electrical energy saving of .75 to 1 percent last winter. The predominant fuel saved was coal.
- YRDST may have increased gasoline use as much as 0.5 to 1 percent in some states.
- No significant effects on traffic safety was attributed to YRDST.
- Fatalities involving school-age children over the entire day in both January and February 1974 were reduced from the previous year. There was an increase in school fatalities during the morning hours of 6 to 9 a.m. for February 1974 vs. February 1973, but an offsetting decrease in fatalities occurred in the early evening hours.

The report termed desirable a modified YRDST experiment this fall and winter to better determine the net effects of the Emergency Daylight Saving Time Act passed by Congress December 15, 1973, as an energy conservation measure.

The Secretary of Transportation has determined that the publication of this periodical is necessary in the transaction of the public business required by law of this Department. Use of funds for printing this periodical has been approved by the Director of the Office of Management and Budget through August 30, 1975.

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